

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10811169
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3	/					
4		/				
5	/					
6		/				
7	/					
8		/				
9	/					
10		/				
11		2				
12	/					
13		/				
14	/					
15		/				
16	/					
17		/				
18	/					
19		/				
20		0				
21	/					
22	/					
23	/					
24	/					
25	/					
26	/					
27		/				
28	/					
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35	/					
36	/					
37	/					
38		5				
39	/					
40	/					
41	/					
42	/					
43	/					
44	/					
45		3				
46		0				
47	/					
48	/					
49	/					
50	/					
TOTAL IND.	35					
TOTAL DEP.	25					
TOTAL CLAIMS	60					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51	/					
52	/					
53	/					
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99						
100						
TOTAL IND.	3					
TOTAL DEP.	6					
TOTAL CLAIMS	9					